

NUTRIENT and PEST MANAGEMENT SUPPORT DATA

Client	Prepared by	Date
Field No.(s)	Crop	Crop Year (s) From To

(Place checks in the appropriate block(s) for the planned practices. Then place checks in the appropriate block(s) in the applied column when the practices are completed.)

NUTRIENT MANAGEMENT	Planned	Applied
PRACTICE		
1. Soil Testing	<input type="checkbox"/>	<input type="checkbox"/>
2. Tissue Testing	<input type="checkbox"/>	<input type="checkbox"/>
3. Quick Test for Nitrogen	<input type="checkbox"/>	<input type="checkbox"/>
4. Split Application	<input type="checkbox"/>	<input type="checkbox"/>
5. Banding	<input type="checkbox"/>	<input type="checkbox"/>
6. Green Manure Crop	<input type="checkbox"/>	<input type="checkbox"/>
7. Nutrient Conserving Cover Crop	<input type="checkbox"/>	<input type="checkbox"/>
8. Irrigation Water Management	<input type="checkbox"/>	<input type="checkbox"/>
9. Change Timing of Application	<input type="checkbox"/>	<input type="checkbox"/>
10. Reduced Yield Goal	<input type="checkbox"/>	<input type="checkbox"/>
11. Application Calibration	<input type="checkbox"/>	<input type="checkbox"/>
12. Fertilization	<input type="checkbox"/>	<input type="checkbox"/>
13. Broadcast - Incorporated	<input type="checkbox"/>	<input type="checkbox"/>
14. Broadcast - Unincorporated	<input type="checkbox"/>	<input type="checkbox"/>
15. Animal Waste Management	<input type="checkbox"/>	<input type="checkbox"/>
16. Municipal Waste Management	<input type="checkbox"/>	<input type="checkbox"/>
17. Buffers Applied	<input type="checkbox"/>	<input type="checkbox"/>
18. Precision Ag	<input type="checkbox"/>	<input type="checkbox"/>
19. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

PEST MANAGEMENT	Planned	Applied
PRACTICE		
1. Scouting	<input type="checkbox"/>	<input type="checkbox"/>
2. Sprayer Calibration	<input type="checkbox"/>	<input type="checkbox"/>
3. Pheromone Traps	<input type="checkbox"/>	<input type="checkbox"/>
4. Crop Rotations	<input type="checkbox"/>	<input type="checkbox"/>
5. Mechanical Control	<input type="checkbox"/>	<input type="checkbox"/>
6. Mulch or Other No-Pest Options	<input type="checkbox"/>	<input type="checkbox"/>
7. Host Crops	<input type="checkbox"/>	<input type="checkbox"/>
8. Release of Beneficial Predators	<input type="checkbox"/>	<input type="checkbox"/>
9. Switching Pesticides (less toxic)	<input type="checkbox"/>	<input type="checkbox"/>
10. Improving Sprayer Efficiency	<input type="checkbox"/>	<input type="checkbox"/>
11. Pesticide Containment Facility	<input type="checkbox"/>	<input type="checkbox"/>
12. Proper Disposal of Containers	<input type="checkbox"/>	<input type="checkbox"/>
13. Backflow Devices	<input type="checkbox"/>	<input type="checkbox"/>
14. Chemical Mixing Center	<input type="checkbox"/>	<input type="checkbox"/>
15. Nurse Tank System	<input type="checkbox"/>	<input type="checkbox"/>
16. Closed Transfer System	<input type="checkbox"/>	<input type="checkbox"/>
17. Precision Ag	<input type="checkbox"/>	<input type="checkbox"/>
18. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

Additional information for Nutrient Mgt. - Precision Ag:

Acres of application area:

Type of GPS equipment used to do soil sampling:

Type of GPS equipment used on the application equipment:

 (Landowner/Producer or Nutrient Applicator)

 (Date)

Additional information for Pest Mgt. – Precision Ag:

Acres of application:

Type of GPS equipment used on the application equipment:

 (Landowner/Producer or Pesticide Applicator)

 (Date)

Additional Information: _____

I certify that Nutrient Management was applied according to the Nutrient Management section provided in Conservation plan.

(Certified Nutrient Mgt. Planner)

(Date)

Additional Information: _____

I certify that Pest Management was applied according to the Pest Management section provided in Conservation plan.

(Certified Pest Mgt. Planner)

(Date)